

215037359
60232

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 125	Agency Case No. B5-084933	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/13/2015		(In Military Time) TIME OF ACCIDENT 1245		STATE USE ONLY 09/14/2015 LATITUDE LONGITUDE
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1248	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B 75	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Butler		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M 14				373.00	X	N.14th
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12734369			STATE (Of License)	NE
V1/N 1	DRIVER	AMANDA A KAUFMAN			PHONE	402-560-3539
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	04/30/1985
G 2	OWNER	CITY OF LINCOLN			PHONE	
H 5	LICENSE PLATE	GM NO.	31363	YEAR (Plate Expires)		STATE (Of Plate) NE
V1/O 1	VEHICLE	2013	MAKE Ford	MODEL Transit	BODY STYLE Mini van	COLOR white
V2/O 1	VEHICLE ID NO. (VIN)	NM0LS6BN9DT155201			ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 100
I 1	VEHICLE NO. 2					
V1/P 1	DRIVER	BENJAMIN T NGUYEN JR			PHONE	402-570-6112
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	01/29/1992
J 01	OWNER	BENJAMIN T NGUYEN			PHONE	402-570-6112
V1/Q 3	LICENSE PLATE	PA NO.	RSF368	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	2000	MAKE Toyota	MODEL Camry Solara	BODY STYLE 2 door Sedan	COLOR black
K 10	VEHICLE ID NO. (VIN)	2T1CF22PXYC396926			ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 700
	TOWED TO	TOWED BY			INSURANCE COMPANY	Progressive
					POLICY NO.	900513340
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

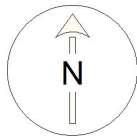
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

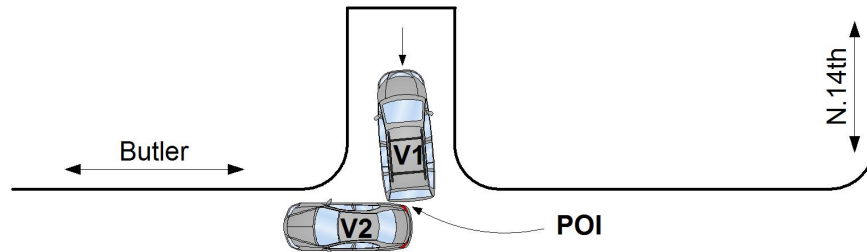
AGENCY CASE NO.
B5-084933



Indicate
North
by Arrow



POI 373 ft W of W curb of N.14th
1 ft S of N curb of Butler



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 reports that she was backing out of her driveway and did not see V2 stop in the street behind her vehicle. V1 struck V2 causing minor damage. D2 stated that he had stopped his vehicle WB on Butler partially in front of the driveway to 1260 Butler so that he could make a phone call. D2 stated that V1 backed into his vehicle as he sat.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																				
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2																									
1		X			Butler				4		2		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y		ALCOHOL LEVEL TESTED	N	X	N						
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																													
Y		Y																														
ALCOHOL LEVEL TESTED	N	X	N																													
2				X	Butler																											
1	02	06 Turning left			POINT OF IMPACT	06	POINT OF IMPACT	03	1 Deployed - front		1 None used - vehicle occupant																					
2	10	08 Entering traffic lane			MOST DAMAGED AREA	06	MOST DAMAGED AREA	03	2 Deployed - side		2 Lap & shoulder belt used																					
				<table border="1" style="width:100%;"> <tr> <td>00 None</td> <td>02</td> <td>03</td> <td>04</td> </tr> <tr> <td>09 Top & windows</td> <td colspan="3"> </td> </tr> <tr> <td>10 Undercarriage</td> <td>01</td> <td></td> <td>05</td> </tr> <tr> <td>11 Total (all areas)</td> <td>08</td> <td>07</td> <td>06</td> </tr> </table>			00 None	02	03	04	09 Top & windows				10 Undercarriage	01		05	11 Total (all areas)	08	07	06	3 Deployed - both front/side		3 Shoulder belt only used		3 Child safety seat used		3 DOT approved helmet used			
00 None	02	03	04																													
09 Top & windows																																
10 Undercarriage	01		05																													
11 Total (all areas)	08	07	06																													
				12 Other					4 Not deployed		4 Lap belt only used																					
									5 Not applicable/ No airbag available		5 Child booster seat used																					
									6 Unknown		6 Costume helmet used																					
									VEHICLE 2		VEHICLE 2																					
									4		2																					

OFFICER NO. 1471	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) James Quandt		INVESTIGATOR SIGNATURE Approved by Ofc James Quandt	DATE OF REPORT 09/14/2015